PATER	T APPLICATION F	EE DETERMI	NATIO!	N RECOR	of Trademers C (Information un	Mice: U S	PEPARTMENT	OMB OSSI-O OF COMMER	D)
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I						Application or backet Musical			
	(Column 1)	· (Column 2))	SMAL	LENTITY	OR .	OTHE	A THAN	
BASIC FEE (37 CFR 1 190) (b) as (c))	MUMBER FILED	NUMBER EXT	RA	RATE (S)	FEE (I)	7	JAME	ENTITY	
SEARCH FEE	N/A ·	N/A		NA	150.00	1	RATE (\$)	300.00	4
EXAMINATION FEE	N/A	N/A N/A		· N/A .	\$250.	1	NIA	\$600	\dashv
TOTAL CLAIMS 137 CFR 16(4) INDEPENDENT CLAIMS	minus 20 •			X\$ 25	\$100		· NA	\$200	┥.
(31 CH (16(N))	morus 3 e		-11	X100		OR	X\$50 .		1
(37 CFR + 15(e))	il the specification and di sheets of paper, the appl is \$250 (\$126 for small en additional 60 sheets or fr is U.S.C. 41(a)(1)(G) and	ncation size fee du ncity) for each action thereof. Se	¹⁰				X200 .		
CEPENDENT CLAIM PRESENT (DT CFR 16(1)			JE	+180=		-	+360=		
* If the difference in column 1 is less than zero, enter "o" in column 2. APPLICATION AS AMENDED - PART II				TOTAL		L	TOTAL	<u></u>	
(Column 1) (Column 2) (Column 3)				:			بالمراد الم		
Total Application Size Fee (37 CFR Total BY CFR LIGHTY Application Size Fee (37 CFR TOTAL LIGHTY Application Size Fee (37 CFR FIRST PRESENTATION OF MULTIC	R. PREVIOUS PAID FOR Minus (Column HIGHEST NUMBER PREVIOUS) Minus (Column HIGHEST NUMBER PREVIOUS) Minus (Minus Minus Mi	PRESENT EXTRA OR OR OT CFR 1.16(0) COlumn 3) PRESENT EXTRA	X\$ X100	25 . 00 . 10-2 L. FEE / TION TION FEE 5 .	ADDI- TIONAL TEE (5) OF OR OR OR OR OR OR	X\$	50	ADOL: HOMAL FEE (S)	
of the entry in column 1 is less the of the Highest Number Previous If the Highest Number Previous In Highest Number Previous In Highest Number Previous In Highest Number Previous In Confession of Information is required PTO to piccase) an application. Confession gathering, preparing, and submitted amount of time you require to complication of time you require to complication. Trademark Office, U.S. Department of DRESS, SEND TO: Commission	an the entry in column 2, wifly Paid For IN THIS SPACE I Paid For IN THIS SPACE Paid For (Total or Indopend by 37 CFR 1.16. The Information is presented by 35 (Total or Indopend by 35)	ie "V" in column 3. its liest than 30, enter is less than 3, enter ent) is the highest numation is required it U.S.O. 122 and 37 C on form to the USPT dions for reducing this Alexandria, VA 223 1460, Alexandria, VA 231 1460, Alexandria	imber foun o obtain or	d in the appropretain a bene-	oriate box in col	1 u 4 L 4	38	the side, on the sound liss	

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2